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## BIB DATA SHEET

CONFIRMATION NO. 7743

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS                         | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.                        |
|---|---|-------------------------------|---|---|
| 10/584,871  | 12/14/2006<br><b>RULE</b>   | <del>530</del><br><b>424</b>  | 1645  | 176/61732                                     |
| <b>APPLICANTS</b><br>Francis Gigliotti, Pittsford, NY;<br>Terry W. Wright, Henrietta, NY;<br>Constantine G. Haidaris, Rochester, NY;<br>Patricia J. Simpson-Haidaris, Rochester, NY;<br>Jesse Wells, Rochester, NY;   |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/43959 12/31/2004<br>which claims benefit of 60/533,788 12/31/2003  |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>06/19/2007   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/S. DEVI/</u><br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>/SD/<br>Initials  | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWINGS</b><br>6   | <b>TOTAL CLAIMS</b><br><del>74</del> <b>4</b> |
| <b>INDEPENDENT CLAIMS</b><br><del>8</del> <b>1</b>  |   |                               |   |   |
| <b>ADDRESS</b><br>NIXON PEABODY LLP - PATENT GROUP<br>1100 CLINTON SQUARE<br>ROCHESTER, NY 14604<br>UNITED STATES   |   |                               |   |   |
| <b>TITLE</b><br>Polypeptides And Immunogenic Conjugates Capable of Inducing Antibodies Against Pathogens, and Uses Thereof  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1765  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |